

Foster Family Home - Corrective Action Report

Provider ID: 1-180066

Home Name: Josefina "Clare" Degg, CNA

Review ID: 1-180066-1

94-249 Paiwa St.

Reviewer: Lori O'Keefe

Waipahu

HI

96797

Begin Date: 10/4/2018

End Date:

10/4/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

New home applicant inspection completed with home found to be in full compliance with the requirements and eligible for a 1 year 2 client certification.

Lori O'Keefe RN
Compliance Manager

Jelmy
Primary Care Giver

10/4/18
Date

10/4/18
Date